ee instructions on back

S. No.

15

Filed

PLACE OF DEATH	07287 STATE OF MARYLAND
County, Jella C.	CERTIFICATE OF DEATH Registration Dist. No. 293.
2FULL NAME Susas & Ondin	St.; Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 192/ (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 192 that I last saw h alive on 192 192
If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or bearticular kind of work (b) General nature of industry business, or establishment in	mux meline Calm lieums
Which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (
OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death? Former or
(Informant) George A Undrew	usual residence

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

DATE OF BURIA

(Approved by U. S. Census and American Public Health Association.)

laborer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease valvular heart affection etc. The contributory Nomenclature need Measles; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

ŏ,	PLACE OF DEATH	STATE OF MARYLAND
Exa	700	GT CERTIFICATE OF DEATH
-	County County	90.
flec	11 Amn - 0	Registration Dist. No. 240
00	Village or City A Constant Class	(If death occurred in a hospital or institu-
cla	1.'00'	tion, give its NAME in steed of street and
riy	2FULL NAME COTPLIANT	number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
y be	Male Prove OR DIVORCED (Write the word)	huberne What June 1, 1931
ma n b	6 DATE OF BIRTH	(Month) (Day) (Year)
= 0	Lu B 1841	, 192, 192,
hat	(Month) (Day) (Year)	that I last saw halive on, 192,
lo t	7 AGE Charles IIILESS than	and that death occurred on the date stated above, at
stri	l day hrs.	
Ed	BIOCCUPATION ds. or min.?	Menuin Soughound fine - 01
See S	(a) Trade, profession or particular kind of work	in tadly desomposed condition
V. a	(b) General nature of industry	last spending live - 31. 10
20	business, or establishment in which employed or (employer)	indication of fatign slave de.
H	9 BIRTHPLACE	Contributory naturalist M. Oclas
AT	(State or country)	Clesecondary Kealth Office de
J Z	10 NAME OF	no to prove does to take
T O	FATHER Lavid Breen	(Signed) (Address) Sastar Mil
E S	U II BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
20	Z (State or country) LLLL Transver	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ATO	2 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
state	13 BIRTHPLACE	ients or Recent Residents) At place
SCC	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
o to	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseese contracted, if not et plece of dea.h?
ho	1 1 2	Former or usual residence
Sa	(Informant) Source 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CIAN	(Address) Practice md To Route	Wanty 2nd 5/8/3/19
CIA	15 /0/C 21 Md/ 20 C	20 UNDERTAKER ADDRESS
	Filed 190/ / As Classical Registra	hand Shewar Gaston mand
	If more blanks are needed, address tate Registral	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

07288

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "(Ezhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on the negature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease affection need etc. The valvular heart contributory Measles ; disease; not be

If this certificate is looked over thoroughly and all questions answered in the will present an figure to be builted before the certificate is permanently file.

THOSE STATES OF THE PROPERTY OF THE PROPERTY

S. No.

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	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Valles	CERTIFICATE OF DEATH
7	rear 11:01. Pm	Registration Dist. No. 2934
V illa	2FULL NAME Muscellus	a hospitul or institution, give its NAME i
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED (Wite the word)	16 DATE OF DEATH 29 4, 1923/ (Month) (Day) (Year)
8 DA	(Nonth) (Day) (Year	that I last saw h analivo on my 25 192 192
7 AG		and that death occured on the date stated above, at
(a)	yrs. mos. ds. or min.? CCUPATION) Trade, profession or ricular kind of work	Chrone Ogsteles.
(b)) General nature of industry siness, or establishment in aich employed or (employer)	(Duration) 2 yrs mas
	(State or country) Mary Laced.	Secondary Olean front Turnstion) Ties mos
	11 BIRTHPLACE	(Signed) (O Jon) M. M. M. (Address) Contare In
ENTS	OF FATHER (State or country) Than Count.	*Stute the Discase Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER WATER CONTINUES	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
1	18 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
14 T		
14 T	(Informant) Till Brace. (Address) Hillsboro	Former or usual residence

07289

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, a. g. . Farmer or Planter, fulness of various pursuits can be known. The quescupition is very important, so that the relative health gaged in domestic service for wages, as Sarvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary foreman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Lousekeepers who receive a Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, "," etc., without more precise specification as Day horer Farm laborer, Laborer—Coal mine, etc. Wom-a at home, who are engaged in the duties of the For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Locomotive persons enengineer,

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"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," ctc.), "Dropsy,"
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If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3032	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

193

That I attended deceased from

(Year)

Date of onset

(Day)

							-		-		
fm	ore blanks are	e needed.	address State	Registrar.	2411 N.	Charles Street	Baltimore.	Requesting	7). S.	No. r.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No.

B

-	PLACE OF DEATH	07292 STATE OF MARYLAND
1	County alles	CERTIFICATE OF DEATH
	0	Registration Dist. No. 290
	Village or City Carly Conneigene	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME Clearles griss)	y stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 1903 1903 1903
	6 DATE OF BIRTH	(Month) (Day) (Year)
	may 15. 921	May 6, 183/ 10 July 0 , 193'
-	(Month) (Day) (Year)	that I last law h M alive on hull D 192 .
	7 AGE 10 yrs mos. 26. ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
	OCCUPATION (a) Trade, profession or	- 31 Degrey Burn
1	particular kind of work	extensered face arms.
	(b) General nature of industry business, or establishment in which employed or (employer)	thony lighting fire & Turnell
	9 BIRTHPLACE (State or country) Zum Gum Co	Secondary Secondary (Chaultustration) yrs. mod 3 ds.
	10 NAME OF FATHER OMNO FROM	(Signed) Duffulur M.p.
	OF FATHER (State or country) 2 Constant Const	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Besture	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs lmos de State yrs mos de.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
I	(Informant) Dealuci Sinall word	Former or usual residence
	(Address) Culturelle Mo	Bereit OR REMOVAL DATE OF BURIAL James 12, 19 31
	Filed 6/11 1817 He Messer	Darton Brown Centrally Man
H	16	16 W Santan St Balto Descript V S No 1

07202

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Grocery;

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> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on lelanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory Nomenclature of the

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CERTIFICATE Registration Dist. No. "If death occurred in St: Ward) a hospital or instituion, give its NAME instend of street and umber) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED, WIDOWED (Day) (Month) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from 8 DATE OF BIRTH that instructions AC (Month) (Day (Year) and that death occurred on the date stated above, at 7 AGE If LESS than LHIS I day hrs. terms ...mos...ds. or ... min. ? 8 OCCUPATION (a) Trade, profession or plain particular kind of work. important. (b) General nature of industry business, or establishment in 2 which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLA |-*State the Disease Causing Dead or, in deaths ATION Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 2 (State or country 123 2 12 MATDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 state C ients, or Recent Residents) IS BIRTHPLACE At place State, yrs. mos. ... da. of death yrs. ... mos.da. C (State or country) Where was disease contracted. 10 if not at place of death?..... CIANS short usual residence.... TE OF BURIAL OF BURIAL OR REMOYAL ADDRESS we more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupationbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persous enhatever, write None. gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; a !ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the worked on may form part of the second statement should be used only when needed. cases, especially in fudustrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal minc, etc. Wom-As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pueumonia"); Lobar pncumonia, Bronchopncumonia ("Pneumonia,")

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

phend of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. ment of cause of death approved by Committee on Poisoned by carbolic acid-probably sulcide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease If this certificate is looked over thoroughly and all questakeu. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," "Dropsy," "Exhausticn," "Heart failure," "Haemor vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), Chronic valvular heart (merely (second0

	o o	07204
	PLACE OF DEATH County Vallot	STATE OF MARYLAND
	County lallo	(3) CERTIFICATE OF DEATH
	¢ C + C	Registration Dist. No. 290
Kate.	Village or City Caslon (No. Comerce) 2FULL NAME Felus Marcum	Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or o	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OPENS 1981
Ö	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
no su	(Month) (Day), 1931	
struction	7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at
2	yrsds. ormin.}	·
99	(a) Trade, profession or	Still Com
	particular kind of work	arenture (Gua)
ant	business, or establishment in	(Duration) yrs mos ds.
porta	Which employed or (employer)	Contributory
du.	9 BIRTHPLACE (State or country) Maryland	Secondary (Dursjion)yrsds,
very	FATHER Cug ene Cauten Warcum	(Signed) M. D.
2 2	OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether
4	12 MAIDEN NAME OF MOTHER W. TO	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos. ds. State yrs ds.
5	(State or Country) War Hand.	Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) 11/75 Jestile 1 Jacum 5406 Cohn are N.W. (Address) Walning Long h.C.	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0	15 Filed 6/ 2 181 n. N. Neirus	20 UNDERTAKER ABORESS
	Registrar	Emergency Hospile Gaston
1	if more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the accupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07296
(mar)	1. PLACE OF DEATH	(31)
pluods	County Salbot	Registration Dist. No. 292
m	Village or City. Year happe	No. St., Ward
-		death occurred in a hospital or institution, give its NAME instead of street and number)
ent	101 10	ds. How long in U.S. If of foreign birth?yrsmosds.
PHYSICIANS ict statement	2. FULL NAME Anliam Henry Vario	LOW
YSI	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Exa	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ACTI assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel & Russian	22. I HEREBY CERTIFY That I attended deceased from
N.O.	6. DATE OF BIRTH (month, day, and year) Wulleuns	I last saw he alwa on the 3 19 34 death is said
2 8	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at .5.2.2
stated proper ertific	about 83 V 1 1day, Mrs.	The PRINCIPAL CAUSE OF DEATA and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work dona, as SPINNER,	Data of onset
be of	SAWYER, BOOKKEEPER, etc.	Usters selesono
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
s sh t it	10. Data deceased last worked at this occupation (month end 1938) 11. Total time (years) spent in this occupation	
oplied. AGE erms, so that instructions	9.01 - 6.	Other Contributory Causes of importance:
se se ucti	12. BIRTHPLACE (city or town) (State or country)	Chance hellersten au-3
supplied n terms, ee instru	# 13. NAME Conley Harrison	Town the ster inches
- 43	T	Neme of operation
- W	14. BIRTHPLACE (city or town) Oliveline Oo (Stata or country)	What test confirmed diagnosis?
carefully 'H in pla ortant.	IS. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
be careful EATH in p important.	16. BIRTHPLACE (city or town). (Mlean)	Accident, suicida, or homicide?
ATT I DOU	(State or country)	Where did Injury occur?
should be car OF DEATH	17. INFORMANT John Hamson (Address)	(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
DE	18. BURIAL, CHOMATION, OR REMOVAL	Manner of injury
on ISE	Piacatending feely anylongoate un 6, 19 34	Neture of injury
mation s CAUSE TION is	19. UNDERTAKER as a Spelice asolow his	24. Wes disease or injury in any way related to occupation of deceased?
	20. FILED Januar 4, 1934 Joseph an Goro Registrar.	(Signed) Dock alors M. D. (Address) Profile and
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1.1923	Other contributory causes of importance:	1 sugar	
111111111111111111111111111111111111111	Control seco	1 year	
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSI-

PLACE OF DEATH County Salbat	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290
Village or City No. Estou M. (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 19 192 (Month) (Day) (Year)
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the data stated above, at
B DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) 15 Filed 1 1931 1 1 PROFESSIONALE (Address) 1 1 PROFESSIONALE (Address) 1 1 1 PROFESSIONALE (Address) 1 1 PROFESSIONALE (Address) 1 2 PROFESSIONALE (Address) 1 3 PROFESSIONALE (Address) 1 4 PROFESSIONALE (Address) 1 5 Piled 1 9 1931 1 1 PROFESSIONALE (Address) 1 1 PROFESSIONALE (Address) 1 1 PROFESSIONALE (Address) 1 1 PROFESSIONALE (Address) (Address) (Address) (Address) (Address)	(Duration) Contributory Secondary (Duration) *State the listase Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recant Residents) At place of death yrs

If mora blanks are naeded, addre.s State Ragistrar, 16 W/ Saratoga St., Balto., Requasting V. S. No. 1.

S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 3 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on accident; Revolver wound of head-homicidc; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-PLACE OF DEATH stated EXACTLY, Proposition of certificate. properly PERSONAL AND STATISTICAL PARTICULARS of 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. pe nours rms so that it may be instructions on back WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS that I day hrs terms or min. BOCCUPATION
(a) Trade, profession or particular kind of work plai (b) General nature of industry businesa, or establishment in very importa which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE RENTS AUS OF FATHER ATION (State or country) 12 MAIDEN NAME O S should state ⋖ OF MOTHER 1 13 BIRTHPLACE OF MOTHER (State or Country (Informant) 15 Filed

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 293

Mainrew (No.	St.: Ward) (If death occurred in
NAME abroham J	ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 12 1921 (Month) (Day) (Year)
Most known, 1 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 26 1931. to affail 22, 1931.
(Month) (Day) (Year)	that I last saw hell alive on all the last saw hell alive on
out 46 Idayhrs.	and that death occurred on the date stated above, at
yrsds. ormin.?	Cerebral - hemolyloge
ession or Labor	
are of industry	
blishment in or (employer)	(Duration) yrs mos ds.
ry) (2) 0,000 (2) (2)	Contributory Secondary Secondary Constitution 2 ve + mos
unknowen	(Signed) (Address) (Address) M. D.
ountry) unknown (Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
s unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
ountry) unknown	At place of deathyrsmosds. In the Stateyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
Frank Williams	Former or usual residence
aston md	Easton md June 131931
2. 1923/1 J. L. Gardner	20 UNDERTAKER LADDRESS Caston In
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inamition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puenperal septicaemia," "Puenperal peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all stated unless important. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nucleanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUXEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more branks are needed, address State Degistrar, 16 W. Saratoga St., Ballo., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement, of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er,' etc., William - Laborer - Labor Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement whatever, write None. For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Hemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-'Congenital," "Senile,!" etc.), "Dropsy, Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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PURUATI. T.

10004	CERTIFICATE OF DEATH
County all	CERTIFICATE OF DEATH
. C + 0 5	Registration Dist. No.
Village or City Coastly (No. Y.	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME James Edu	rand mc Dancil tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192
7 AGE [If LESS than	
l dayhrs.	
yrsmosds. ormin.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment inwhich employed or (employer)	Intraky Premoura Enpudation miduste annie Sarphotosphow mos) de
9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Qurstion) yrs moss de
10 NAME OF FATHER Victor Me Jarriel	(Signed) M. H. Merry Societa Registros 918 1981 (Address) Salton Md
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sla Dobow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
(Informant) (Informant)	if not at place of death?
(Address) Castar Md'	Mour Charel Md, 6/19, 193
15 Filed 6/18 198/1 A. Merris	20 UNDERTAKER ADDRESS

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No.

plied. ACE should be stated EXACTLY, Prims so that it may be properly classified. Instructions on back of certificate.

supplied.

Every item of information should be carefully such as should state CAUSE OF DEATH in plain statement of OCCUPATION is very important. Se

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondar) (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ChronicExample: Measles (disease valvular heart disease; etc. The contributory death

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	N. B.—Every Item of information should be carefully supplied. ACE should be stated EXA CIANS should state CAUSE OF DEATH In plain terms so that it may be properly of	
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PLACE OF DEATH County Talket	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290
Village or City & astar (No. En	englicy Hospitalyard) a hospital or institution of the its NAME
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 97, 1923/
Month (Day), 1931	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h 192 192
7 AGE If LESS than I day hrs. ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yre,de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Charles Norman Weredith 11 BIRTHPLACE OF FATHER (State or country) Delume are 12 MAIDEN NAME	Contributory Secondary (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Mrs. Kelen Meredille (Address) Federalshung	Former or usual residence. 19 PLACE OF BURIALAOR REMOVAL D'ATE OF BURIAL 20 UN DERTAKER ADDRESS
Filed 6 27 198 / M Mallis Registras	English Rospital Contain

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasm, Measles; Whooping cough; Chronic salvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified tetanus) may be stated under the head of "contributory." "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, pri naeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease is indefinite); Tuberculosis of lungs, menaffection need Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," *"mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
non st	1059		
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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S. No.

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PLACE OF DEATH	17304 STATE OF MARYLAND
County Talbot	CERTIFICATE OF DEATH
	Registration Dist. No. 290
Village or City Easter (No. Em	(If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terralo White Single, MARRIED, Newborn OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH (Moyth) (Day) (Year)
6 DATE OF BIRTH 6/5/3/	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	and that death occurred on the date stated above, at
l day_hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
(a) Trade, profession or	the form
particular kind of work	Duranture - 6400.
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)wrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yes mos ds
10 NAME OF FATHER OF PRINCES	(Signed) W M. Palegger M. D.
OF FATHER (State or country)	*State the Pissase Causing Death, or, In deaths from
TI MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Violet Marine	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary Pand.	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Roy Patrick	Former or usual residence
(Address) Preston and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 110 2 N. J. Marana	20 UNDERTAKER ADDRESS

N. B. If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "Uraemia, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease 'Congenital," "Senile," etc.), "Dropsy,
," "Heart failure," "Haemorrhage,

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V. S. No. 1

PLACE OF DEATH	07295 STATE OF MARYLAND
County 1911	CERTIFICATE OF DEATH
	Registration Dist. No. 290
Village or City Can Sound	St: Ward) (if deeth occurred in a hospital or institution, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Make Whote (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
Mal 9 1874	June 9 1921. to June 9 , 1921
(Month) (Day) (Year)	that I last saw h malive on Tusel 9 , 192/
7 AGE If LESS than	and that death occurred on the date stated above, at 730 Pm.
524 3 1 day hrs.	The CAUSE OF DEATH * pras as follows:
yrs. mos. ds. or min.?	Circlal benerhage
(a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	**************************************
Owhich employed or (employer)	(Durstion) yre, mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER PLANTS AND PLANTS	(Signed) (Duration) Type moe de
M 11 BIRTHPLACE	6-10-1931 (Address) Early Med
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Hamme Staddam	18 LENGTH OF RESIDENCE (For Hospitele, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of death?
(Informant Le Calacon Release	Former or usual readence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 6/11 1931 M. H. Neurius	SO UN DERTAKER ADDRESS
Registrar	alues Collecter Aslan Ing
If more blanks are needed, eddress tate Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Mutomobile factory. The material mill; (a) Salesman. (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease

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3	PERSO	4 C		OR RACE	5 SIN MA WIE		Las
6	DATE OF B		740	R	l (Wr	ite the wo	/86
		******		(Month)	(Day)	(Yea
7	AGE	65	Vrs.		mos.		lf LESS tl l dayl ds. ormi
AL	b) General ousiness, or	nature establis	hment	in .	los	\sim	~
J.	b) General	nature establis oyed or E country)	of indu	in .	T.	Co	·
ARENTS	b) General pusiness, or which emplement of the control of the cont	oyed or Ecountry) OF R PLACE THER or count	of industrial industri	in .	To and of the	Co XX	- Lucto Cerry
RENTS	b) General pusiness, or which empl BIRTHPLAC (State or 10 NAME FATHE 11 BIRTH OF FAT (State OF MO 13 BIRTH OF MO	nature establisoyed or country) OF R PLACE THER or count THER PLACE	of industrial industri	in .	to a story	Co XX	Corry
PARENTS	b) General pusiness, or which emple survive su	nature establis oyed or Ecountry) OF R PLACE THER or count THER THER or Count EN NAM THER EISTRIE	of industrial industri	elle	to of M	Co XX	Cerry

PLACE OF DEATH

07305

20 UNDERTAKER

. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

DDRESS

aglucy + (caspet al Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
MEDICAL CERTIFICATE C	OF DEATH
16 DATE OF DEATH	
A .	2 , 192 31
17 1 HEREBY CERTIFY, That 1 atte	(Dsy) (Year)
May 27 1983/ to De	
that I last saw h Ma alive on	
and that death occurred on the datastated	
The CAUSE OF DEATH * was as follows:	a bove, at find a ball and the
	Po for
Tougrene 1	e oft
8	0
(D) =	15
Contributory Orlly	20 Mars
Secondary	3
(Duration)	yre. O moe de.
(Signed)	Cym (M.D.
	close ker
*State the Ibsease Causing Desth, Violent Causes, state (1) Means of inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
At place of deathyrsmos. 1.7. ds. In the State	yrsmosds.
Where was disease contracted, Q + Hcc if not at place of dea.h?	we.
Former or usual residence	*************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," ""Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al approved by Committee on as fracture of skull, and consequences (e. g., sopsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Nomenclature of the

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V. S. No. 1

ESERVED

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular Nomenclature of the The heart disease; contributory

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No.

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	PERSONAL AND STATISTICAL PARTICULARS
3 S	Acul White the word) 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)
6 0	DATE OF BIRTH
	(Month) (Day), 1931 (Year)
7 A	lf LESS than l dayhrs. yrs
) (a) (b) (b)	DCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
9 B	BIRTHPLACE (State or country)
NTS	10 NAME OF FATHER William W. Townshind 11 BIRTHPLACE OF FATHER (State or country) Wangland
PARE	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER
1	13 BIRTHPLACE OF MOTHER (State or Country) Or anylowed
14 7	(Informant) W W Toursend (Address) Traffe Md
15	Filed 6/13 1931 The Medistrar
	If more blanks are needed, address State Registra

(No.

PLACE OF DEATH
County Jallet

07307

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

(If death occurred in a hospital or institution, give its NAME is
mo, fetus stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 13, 192 1
(Month) (Day) (Year)
that I last sew halive on, 192,
and that death occurred on the date stated above, at
The CAUSE OF DEATH * weg as fall ws:
Premaine caused by
Eclampsia and Hypertonia
(Duration)de,
ContributorySecondary
(Signed) Duration) yrs mos ds.
192 (Address) Trappe M.
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmos,ds, In the Stateyrsmosds,
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Trappe frue/3, 193/
20 UNDERTAKER ADDRESS
(X) (X) · IOCKLICITED '

16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Houscwife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

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> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Committee on Chronic vatrum.
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> nenhritis, etc. The contributory Nomenclature of the

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B .-- Every item

	PLACE OF DEATH			
	County Jalbox			
Vil	llage or City Easton, Ma, (No. Em			
-	PERSONAL AND STATISTICAL PARTICULARS			
3 :	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 2 Mg & WIDOWED, OR DIVORCED (With the mod)			
6 DATE OF BIRTH				
	March 19, 1899, (Year)			
7 /	If LESS than I day hrs. ds. or min.?			
1 b	a) Trade, profession or carticular kind of work articular kind of work b) General nature of industry cusiness, or establishment in which employed or (employer)			
9 E	(State or country) Lelaware			
PARENTS	10 NAME OF FATHER Mr. Milliam Milliams 11 BIRTHPLACE OF FATHER (State or country) 1 Planare			
	12 MAIDEN NAME OF MOTHER & MMA Mickers on			
	13 BIRTHPLACE OF MOTHER (State or Country)			
14				
	(Informant) Mrs. Harvey H. Mc Makar			
	9 X 11 11 00 0 X D			

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, SINGLE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Suge 15 , 19231 (Month) (Day) (Year)
March 19, 1899, (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Unag 6 193/, to Tune 13, 1921, that I last saw hum alive on June 13, 1921,
1 day hrs. ds. ds. or min.?	and that death occurred on the date stated above at 10 10 A m. The CAUSE OF DEATH * was as follows:
ession or for work for work for work for the state of industry	
blishment in or (employer)	Contributory (Nursue Lobar
1/elanare	Secondary (Duraston) Jyro, nos. I do.
Mr. William Milliams	(Signed) M. D. (Address) Solon my
puntry) lelamare	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E Comma Tickerson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. Where was disease contracted, if not at place of death?
Mrs. Harvey H. McMahan	Former or usual residence Seula alalang Mal
e) Tenton, MA	Federalsburg, June 15, 1931
Registrar If more branks are needed, address State Registrar	7 / Frankten Son, Federalsburg, 16 W. Saratoga St. Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary , or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on taken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. The .contributory Nomenclature heart disease; not be

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PLACE OF DEATH	U13U3 STATE OF MARYLAND
	STATE OF MARYLAND
County Salfor	© CERTIFICATE OF DEATH
A -	Registration Dist. No. 293,
Village or City Oaslon (No.	St.: Ward) (if death occurred in a hospital or institute
2FULL NAME Stelborn	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Male Colored WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
hime 24 1931	
(Month) (Day) (Year)	that I iast saw halive on, 192,
7 AGE [If LESS than	
I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	04 000
BOCCUPATION (a) Trade, profession or	Sullow
particular kind of work	***************************************
business, or establishment in	(Duration)yrsds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Easton Md	Secondary
10 NAME OF	(Durstion) yrs mos de.
FATHER Rolling Wilson	(Signed) 9 d. daraner - Vegistier
IN THE BIRTHPLACE	6-29. 1931 (Address) Condova Md.
OF FATHER (State or country) Consolute Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gennel Dobson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant) John Milson	Former or usual residence
(Address) Easter Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 6/20 00 9 9- 1.	20 UNDERTAKER ADDRESS
Filed 1981, Sanduer Registrar	James a Spence Conon M.
If more blanks are needed, address tate Registral	r 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

07303

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coat mane, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (6) Grocery;

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